


No. of Claims After Amendment			Most Claims Previously Paid		Extra Claims			Additional Fee		
A. Total Claims	17	-	20	=	0	x	\$18	=	\$0	
B. Ind. Claims	2	-	4	=	0	x	\$84	=	0	
C. If amended to contain multiple dependent claims, add 280							\$280	=	\$0	
D. Total Amendment Fee (Total of A, B & C)								=	0	
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	0	
F. Total Amendment Fee (D minus E)								=	\$0	

X A check for \$ 920 to cover the extension of time fee is  
attached.

     Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37  
C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit  
any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 6/10/02 By:   
Roberta L. Robins  
Registration No. 33,208

CHIRON CORPORATION  
Intellectual Property - R440  
P.O. Box 8097  
Emeryville, CA 94662-8097  
Telephone: (650) 325-7812  
Facsimile: (650) 325-7823